



Emergency Readiness and Response Initiative Moves Forward

The Indiana State Department of Health is moving ahead with planning and preparation to implement strategies in Indiana for rapid identification and response to public health emergencies and threats of bioterrorism.

ISDH has formed a Public Health Preparedness and Emergency Response Division to carry out the work.

"We chose that title to convey that a lot of what we are going to do is to improve our public health preparedness," said Joe Hunt, Assistant Commissioner for Information Services and Policy.

"Our job is to identify and respond

to public health emergencies," Hunt added.

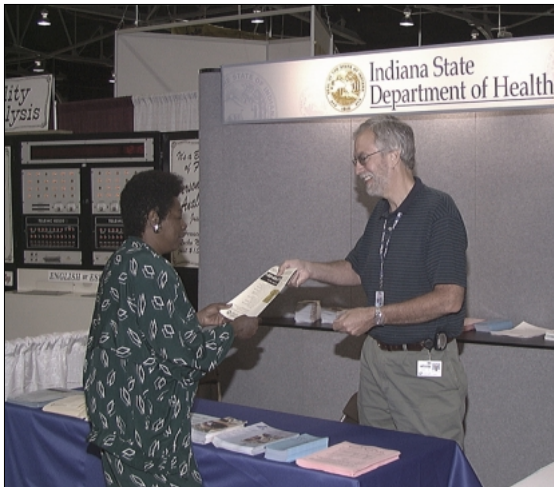
Roland Gamache, ISDH director of data analysis, has been named director of the new division and will coordinate the activities of an internal ISDH work group whose members broadly represent many disciplines at the agency. Members of the group represent the following disciplinary areas: the Epidemiology Resource Center, the Laboratories, Office of Public Affairs, Local Liaison Office, Consumer Protection, Communicable Disease, and Information Technology Services. Hunt says that the broad represen-

tation reflects ISDH strategies that anticipate a broad array of public health activities.

Grants totaling \$21.1 million—\$18.5 million from the Centers for Disease Control and Prevention and \$2.6 million from the Health Resources and Services Administration (HRSA)—are being used for developing protocols and, in the future, will purchase equipment for improving the capacity to identify and respond to emergencies, including biological threats from anthrax and smallpox, Hunt says.

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ISDH State Fair Presence Features Rural Health



GETTING READY for attendees on opening day at ISDH State Fair booth, Local Liaison staff members Eloise Johnson and Bob Sunman look over health-related literature.

— Photo by Daniel Axler

This week and next, the Indiana State Fair focuses on products of rural Indiana, its livestock, produce, and arts and crafts. The State Fair and rural Indiana seem to go together like fresh air and sunshine . . . tractors and freshly plowed earth.

However, one of rural Indiana's products that may not immediately come to mind when thinking of the State Fair is Indiana's growing capacity to better serve the rural health care needs of its

people. The Indiana State Department of Health (ISDH), with a historic presence at the State Fair, will be there this month, focusing on rural health initiatives.

Determined people in rural communities working together to make a difference have helped increase the availability of rural health care in recent years. The results have been made possible with the support of professionals at ISDH and its partners in clinics, hospitals, and institutions of higher learning, and with the assistance of state and federal start up funding.

According to Nellie Simpson, who is coordinating State Fair ISDH booth activities this year, Local Liaison Office employees will be available to Fair attendees to discuss the programs that are designed to make health and medical services more accessible to rural Hoosiers. These are programs like the networks of nurse-managed clinics, community health centers, and critical access hospitals, all of which have received technical and financial support through the Indiana State Department



FAIRGROUNDS MAP locates ISDH exhibits: rural health (green) in the Exposition Hall, the children's nutrition kiosk (pink), with the Indiana Department of Agriculture, in the Our Land Pavilion; and the "Taste of Indiana Farms" farmer's market exhibit (violet) in the Farm Bureau Building. The rural health and children's kiosk will be open for the entire Fair; the "Taste of Indiana Farms" farmer's market exhibit will be open only on Wednesday, Thursday, and Friday, August 14, 15, 16.

of Health. The services they deliver include immunizations, referral to nutritional programs for pregnant women and infants, primary care for children and adults, and screenings and referral of children with special health care needs.

This year, for the first time, the ISDH is partnering with the Commissioner of

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A charge of the CDC grant to Indiana is to implement a communication network connecting 90 percent of the state's local health departments (LHDs) and hospitals to ISDH on a secure, high speed, Web-based network. The work group is in the process of taking a technology inventory of computers and connectivity to assess how much additional equipment is needed to assure 100 percent coverage, connecting all LHDs and hospitals by an August 2003 deadline.

Hunt says the group is in the process of identifying all the persons and procedures needed to assure quick reporting and prophylaxis to contain any public health threat. Planned in coordination with the State Emergency Management Agency, another immediate goal of the ISDH work group is developing and testing contingency logistics—exactly who will do what—to receive and distribute pharmaceuticals from a CDC stockpile, should the need arise.

The work group is developing a plan to use GIS mapping of reported incident data to graphically and quickly communicate the extent of any threat to LHDs over existing and planned communication networks.

The I.U. School of Medicine's Department of Public Health is assisting the ISDH in developing a curriculum and classes for training public health workers—those at LHDs and clinics—and first responders and law enforcement officers. The training is intended to support optimum speed and efficiency in appropriate response to any public health emergency.

In January 2002, ISDH conducted an interactive teleconference for the benefit of LHDs, hospitals, first responders, and others to identify the nature of biological agents, remedies for dealing with them, and the need for developing local resources and response mechanisms.

In the spring of 2002, ISDH served as a resource for LHDs to assist them in their response to a CDC survey assess-

ing LHD communication technology, training, and staff readiness to respond to bioterrorist incidents or other emergencies.

A bioterrorism advisory committee now provides regular input to the ISDH. The committee comprises 30 members representing health care providers, LHDs, and other groups.

A separate 22-member Hospital Bioterrorism Committee has been formed to assess the emergency response needs of all Indiana hospitals. HRSA funding will be used for purchases to meet those needs.

To implement public health preparedness capabilities and manage the CDC and HRSA grants, the ISDH plans to create 54 new positions. Of these, 18 will be field staff located in nine districts established by the ISDH. The field staff will be a resource to LHDs, hospitals, and others on public health preparedness and epidemiology. The other positions will include epidemiologists, microbiologists, and managers in the central office.

STATE FAIR— from page 1

Agriculture at the State Fair to promote the health benefits of Indiana-grown fruits and vegetables. The ISDH's Community Nutrition Program is sponsoring a booth in the Our Land Pavilion that provides nutritional information about fruits and vegetables.

The booth features an interactive, multimedia kiosk with a touch-screen monitor that offers nutritionally oriented games targeted to children aged six to 12 years. There are approximately 100 games available on the CD-ROM disk, which will be changed from time to time over the 12 days of the State Fair. The physical design of the kiosk was selected with kids in mind. "The screen height is lower to create a more comfortable fit for kids," said Judy Rose, director of the ISDH Community Nutrition Program. "These games offer kids a fun way to learn valuable information that will hopefully help them to adopt good eating habits early in life."

Dietetic interns from the I.U. School of Medicine are assisting Rose in staffing the booth.

During the second week of the State Fair, on August 14, 15, and 16, the Community Nutrition Program will join Indiana commodity groups under the banner, "A Taste of Indiana Farms" with its 5-A-Day booth in the Farm Bureau Building.

The ISDH booth will help promote Indiana farmers' markets by focusing on the health benefits of consuming at least five daily portions of fruits and vegetables. This is not the first



YOUTHFUL STATE FAIR ATTENDEE (center) tries his hand at nutrition game at the ISDH Community Nutrition Program kiosk in the Our Land Pavilion. I.U. dietetic program intern volunteers Salah Shelby (left) and Autumn Jones assist.

— Photo by Daniel Axler

partnership between the ISDH and Indiana's farmers' markets. The ISDH's Farmers' Market Nutrition Program provides checks to WIC participants for use at approved farmers' markets.

"Indiana farmers produce a great variety of delicious fruits and vegetables," said Lt. Governor Joe Kernan, commissioner of agriculture. "The Farmers' Market Nutrition Program provides an excellent opportunity for Hoosiers to enjoy our quality produce, and for local farmers to expand their customer base."

Rose will be distributing free samples of fresh, Indiana-grown tomatoes at the ISDH booth in the Farm Bureau Building to help capture the attention of attendees. She said the booth will not only promote farmers' markets and encourage consumption of five or more servings of fruits and vegetables a day, but it will also offer attendees information about how to properly wash raw vegetables and fruit.

The space for the ISDH booth has been provided courtesy of the Indiana Farm Bureau, and local produce vendors donated the tomatoes.

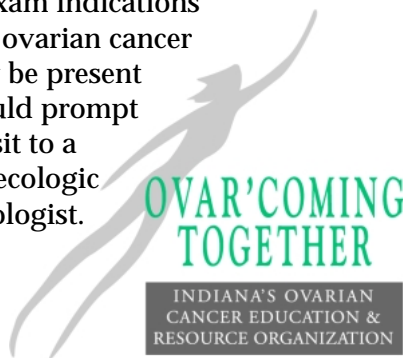
On Thursday, August 15, the ISDH will sponsor a fruit and vegetable bingo game. Participants will learn the identity of a wide range of fruits and vegetables, as well as their health benefits, like anti-oxidant lycopene, the cancer-preventing substance found in tomatoes and tomato products.

Early Detection Blocks Ovarian Cancer

To successfully prevent the ravages of ovarian cancer, early detection is essential. Too often the progression of the disease in women is so extensive that when it is finally diagnosed it's often too late. Ovar'coming Together, the local ovarian cancer fighting organization, says that difficulty in discovering the disease often leads to late diagnosis and is the reason 60 percent of its victims die, compared to only 20 percent of breast cancer patients.

Because the symptoms mimic symptoms of other noncancerous disorders, they are often passed off as having little consequence.

However, persistent abdominal discomfort, backache, gastrointestinal problems, indigestion, or loss of appetite should not be ignored and should trigger a visit to a doctor, where a CA-125 blood test can be requested together with a rectal-pelvic exam and a vaginal ultrasound. Test or exam indications that ovarian cancer may be present should prompt a visit to a gynecologic oncologist.



Ovarian Cancer Facts

FACT: Ovarian cancer often has subtle symptoms.

FACT: A PAP Smear does NOT detect ovarian cancer.

FACT: A personal family history of breast cancer or ovarian cancer increases your ovarian cancer risk.

Be Aware of Ovarian Cancer Symptoms

- Abdominal discomfort unusual for your body
- Gastrointestinal problems
- Backache
- Indigestion
- Loss of appetite

Usually these symptoms DO NOT indicate ovarian cancer. If they persist, and do not have a clear cause, see your doctor.



MOLLY MAGUIRE, Office of Women's Health, (above right) is the coordinator for ISDH team participation in the upcoming Star Strides Run-Walk benefit to support the fight against ovarian cancer. Above, she talks with noon walkers at the ISDH Osteoporosis exhibit during a mini-health fair on Monument Circle, July 25.

Saturday, Sept. 14, 2002

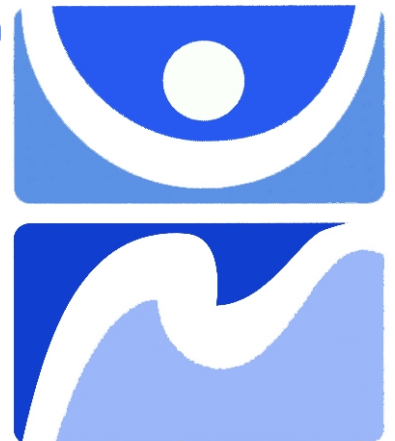
StarStrides Run-Walk to Fight Ovarian Cancer

Ovar'coming Together is the sponsor of the competitive Star Strides Run/Walk on September 14, 2002. Funds raised will be used to create awareness among women and the greater community about early warning signs that may indicate ovarian cancer and lead to earlier detection. They will also be used to provide resources for support, networking, and education both for women diagnosed with ovarian cancer and for their caregivers in order to improve outcomes.

Participants can register right up to and including race day. However, advance registration by September 9 is recommended. Preregistration will assure the availability of a t-shirt of the right size for those who want one. Individual registration is \$10 without a t-shirt, \$14 with a short-sleeve shirt, and \$16 with long sleeves.

The event features a 10K run, a 5K competitive walk, and a 5K family run/walk.

Cash awards for the top three male and top three female 10K finishers are \$400, first place; \$200, second place; and \$100 for third. Special run Masters awards for the top male and female finishers aged 40 and over will be \$200, \$100, and \$50, for first, sec-



ond, and third place finishes. Prizes for the male and female competitive walkers are \$200, \$100, and \$50 for first, second, and third place finishes.

ISDH employees wishing to register and participate may contact Molly Maguire, who is coordinating the ISDH team effort. Others may call (317) 884-4001 or fax (317) 884-4005.



PARTICIPANTS ENJOY 2001 family walk run.

Presentation Can Make Fruits and Vegetables More Attractive

Presentation governs how attractively food is served and may encourage Indiana children to consume more fruits and vegetables. To determine the most effective ways to encourage

children and adults to adopt more healthful eating habits.

Presentation has a venerable history. For example, French cuisine places a premium on presentation. This stricture of French cooking includes all the visual elements that make dining pleasurable—the arrangement of the shapes, colors, and textures of food on a plate—in short, the design of the plate. To the French, in judging the quality of food, presentation is almost as important as the food's freshness and flavor.

However, food doesn't have to be prepared by a French chef to be attractive.

The 25 Indiana schools that come up with the best ideas for presenting fruit and vegetable snacks to

students will be those selected to participate from among the 107 that have received questionnaires soliciting ideas in their application to participate.

The USDA perceives the details of presentation essential for making the

fruit and vegetable snacks readily accessible to students. The application being sent to schools asks, "For example, are you planning to have kiosks in the hallways, offer produce in the classrooms or have free vending machines stocked with produce?"

USDA suggestions aside, ultimately each school must design its own plan.

Beth Wathen, program director for the Indiana University Center for Weight Management and a registered dietitian, touted the importance of "presentation." She was quoted in a recent *Indianapolis Star* article as saying, "Whatever is there is what they're going to reach for."

Her comments trigger memory of some other more subtle presentation considerations, like package design. A few years ago, presentation became an issue when a downtown Indianapolis cafeteria switched from presenting their salads on elegant round black-plastic disposable plates with transparent snap on lids, and replaced them with square white styrofoam containers with hinged non-removable lids. No doubt the change in presentation was an economy move to cut costs to boost the bottom line. However, the change produced diminished interest by customers for the salads in the unaesthetic containers. Customers found eating one of their salads just wasn't as much fun anymore.

Perhaps that was the reason for a recent revamping of the restaurant's menu and a return to more attractive packaging . . . and pleasurable dining.



ELEGANT, BALANCED NUTRITIONAL PRESENTATION includes carbohydrate, protein, and a heavy, healthy emphasis on fruit and vegetables.

— Photos courtesy Produce for Better Health Foundation

children to replace chips, candy, and other high calorie and fat-laden snack foods with fruit and vegetables, Indiana students will be the focus of a new federal-state initiative. The project will provide free fruit and vegetable snacks to children in a select number of Indiana schools. The project is part of the state's effort to reduce health threatening obesity, now estimated to be 13 percent for children aged 6-11 and 14 percent for 12-19 year olds. The idea is to help youngsters establish healthy nutritional habits that they will carry with them into adulthood. Currently, an estimated 60 percent of the adults in Indiana are either overweight or obese. Obesity increases the risk of stroke, cardiovascular disease, and type 2 adult diabetes.

Appetizing presentation of fruits and vegetables help encourage



RED AND GOLD fruit slices present appetizing visual texture.

Indiana State Department of Health **Express**

The *Indiana State Department of Health Express* is a bi-weekly publication for ISDH employees and stakeholders. To submit news items, call (317) 233-7336 or send information to: ISDH Express, Office of Public Affairs, 2 N. Meridian St., Section 2E, Indianapolis, IN 46204-3003. Inquiries should be directed to:

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Faith-Based Health Initiatives Offer Helpful Services

What does any rural resident do to get to see a doctor if the resident lives alone and can't drive because he or she has recently suffered a stroke, becomes disabled in an accident, or is otherwise handicapped through infirmity relating to advancing age?

If the resident lives in one of Indiana's 21 communities where a *Faith in Action* program is in operation, chances are good that assistance may be available from a program volunteer.

The Robert Wood Johnson Foundation (RWJF) has funded 21 faith-based health-related projects currently operating in Indiana through its *Faith In Action* program.

The program was designed to encourage community volunteerism, of neighbors helping neighbors.

The foundation bills itself as the nation's largest philanthropy devoted exclusively to health care. It devotes its grantmaking to four areas:

- to assure that all Americans have access to basic health care at reasonable cost;
- to improve the care and support for people with chronic health conditions;
- to promote healthy communities and lifestyles; and
- to reduce the personal, social and economic harm caused by substance abuse—tobacco, alcohol, and illicit drugs.

Faith in Action evolved in 1993 from the earlier Interfaith Volunteer Givers, established by RWJF in 1983.

In Indiana, faith-based groups seeded with initial funding by *Faith In Action*, serve largely senior groups of frail and elderly persons. However, there are exceptions.

Of the 21 local programs in the state, the Brownsburg Faith in Action (BFIA) program assists mostly seniors, but also helps younger members of the community. The RWJF helped set up the program eight years ago, seeded with a



VOLUNTEER Kathy Schleffer (left) reads to Mary Amos on a home visit. Schleffer participates as a member of the Samaritan Caregivers, Kokomo.

grant of \$25,000. According to Steve Mosley, director of the Brownsburg program, 45 BFIA volunteers from eight Hendricks County churches deliver 120 services each month.

"Ninety percent of the services we deliver involve transportation," he said.

"Until now there has been no public transportation. We drive people to doctor's appointments, like seniors, younger adults who have experienced a stroke, and children whose parents are without a car."

Transportation barriers often prevent seniors from obtaining needed health care. *Faith in Action* groups are helping to overcome that problem through volunteer action.

Financial support for the Brownsburg program's operation now comes from an array of local sources: churches, corporations, and civic groups, according to Mosley.

The Brownsburg group devotes the majority of its time to transportation. Although important, it ranks down the list for Kokomo's Samaritan Caregivers. The top service commitment of the Kokomo group is friendly visitation, mostly to

women.

The Kokomo group comprises 41 volunteers, who contributed 365 hours of service in June 2002.

SCG director Jamie Henderson says that for a senior whose spouse has passed away and finds himself or herself socially isolated, each visit by a Faith in Action volunteer is an event much appreciated. Visits tend to grow into friendships that help dispel depression and support keeping seniors as active members of the community. Henderson says that many volunteers are themselves retired individuals who have time to commit to their communities through volunteerism.

Henderson says that the IRIS reading service is also popular. Volunteers tape record the daily newspaper, permitting phone callers with poor eyesight to listen and keep in touch with activities in their community. The Kokomo volunteers also assist with respite care to give care-giving spouses a chance to take a break from arduous care for mates with Alzheimer's disease and other chronic illnesses. Volunteer time is also devoted to shopping and running errands, chores and light housekeeping, and handyman services to make needed home repairs.

All 21 Faith in Action groups across Indiana have received start-up grants from the Robert Wood Johnson Foundation.

For those communities without a *Faith in Action* group, Marsha Berry, state *Faith in Action* mentor, invites inquiries by any person interested in starting a group. She knows the start-up problems and solutions of how to write a successful grant, because she's been there, having served as director of the Kokomo Samaritan Caregivers until two years ago when she became state mentor for the program. She may be reached at **877-437-2311**. The list of 21 Indiana programs can be obtained at www.fiavolunteers.org/get_involved/results.cfv.

Critical Access Transition Creates Many Pluses for Community, Says Tipton County Hospital C.E.O.

In the spring of 2001, following two years of "significant losses," C.E.O. Al Gatmaitan and his hospital board of directors took a serious look at all of the options for preserving the services offered by the Tipton Memorial Hospital. The hospital serves the 17,000 people of Tipton County, located just to the south of Kokomo and Howard County.



TIPTON MEMORIAL HOSPITAL

Prospects looked bleak.

"We were headed in a direction toward not being able to maintain our full range of services," Gatmaitan said. In jeopardy were the hospital's complete inpatient programs and its community outreach efforts, like its health ministry program and home care service, according to Gatmaitan.

"Five years ago there were five home care providers serving our community. Today we're the only one, because the home care services have retrenched," he said.

If his hospital was not able to provide

these services, the prospect was that no one else would either. "Not being a larger community, it's not particularly attractive for for-profit entities to take care of a small number of patients," Gatmaitan said. Even emergency services were threatened.

"I could see the hospital becoming an outpatient surgery center, and not much more. That would not have been out of the question in the future," he said.

"These plans were not on the drawing board. However, it was increasingly difficult to find a strategy (that would reverse our two years of losses)," he added. One of the main problems was

that approximately 65 percent of the hospital's revenues were coming from government programs—60 percent from Medicare, and 5 percent from Medicaid. "Those numbers, due to the reimbursement levels (of Medicare and Medicaid) right now, made it extremely difficult," Gatmaitan said.

The critical access federal designation now permits the hospital to bill Medicare and Medicaid for services based on the actual costs of services delivered. Although the hospital has been operating for less than six months in the new status, Gatmaitan estimates the new arrangement will permit the hospital to be a viable and thriving organization.

Gatmaitan says that after getting up to speed following internal research in the spring of 2001, they started the application process. Regarding grant assistance received from the Indiana State Department of Health to support a feasibility assessment, Gatmaitan said, "All the people we've encountered at the state have been instructive and very supportive in seeing how we could get into the program."

A big plus is how patients experience the presence of the hospital. Having a hospital in Tipton, Gatmaitan says, lowers people's stress and travel time by being available and not having to travel to Kokomo or Indianapolis. "I just spoke with a person today who thanked me so much for having our oncology service available, because not having to travel out of town was such a blessing to their family."

ISDH Issues Update on West Nile Virus-Related Reporting of Dead Birds to LHDs

The State Department of Health is refocusing its surveillance of the West Nile virus to prioritize testing of mosquito groups. Once it has been established that West Nile virus is present in a county, the testing of mosquito groups will be given increased priority for testing.

The only dead birds being tested by the Indiana State Department of Health for the West Nile virus are blue jays, crows, falcons, and hawks. After more than one dead blue jay, crow, falcon, or hawk from a geographical area (within a five-mile radius of an initial positive bird) has been confirmed as positive for West Nile virus, additional dead birds from that area will have a lower priority for testing.

Individuals who find a dead blue jay, crow, falcon, or hawk are being asked to check with their local health department to find out if they are

collecting birds from that area to be sent to the ISDH Laboratory for testing. If an individual finds any other kind of dead bird, it should be disposed of in the trash. Dead wild birds should not be touched with bare hands.

State health officials have confirmed a 46-year-old resident of Wabash County as the first human case of West Nile virus in Indiana. As of today, 16 counties in Indiana have now had positives for the West Nile virus this year. Health officials report that this information indicates that the virus is not only present, but it is widespread throughout the state.

Daily updates on positive results for West Nile virus and a virus surveillance map are available on the State Department of Health's Web site at: www.in.gov/isdh by clicking on the image in the center of the page.

Indiana State Department of Health **NewsLink**

The Indiana State Department of Health *NewsLink* is a monthly publication for local health departments. To submit news items, call (317) 233-7336 or send information to: ISDH NewsLink, Office of Public Affairs, 2 N. Meridian St., Section 2E, Indianapolis, IN 46204-3003. Inquiries should be directed to:

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